

HCS SS SB 854 -- HOME HEALTH CARE

SPONSOR: Mayer (Long)

COMMITTEE ACTION: Voted "do pass" by the Special Committee on Government Oversight and Accountability by a vote of 8 to 0.

Currently, the Department of Health and Senior Services may carry out certain requirements when a MO HealthNet-funded home- and community-based care referral for services with a nurse assessment or physician's order is received. This substitute requires the department to carry out those requirements when a referral is received.

The department must:

- (1) Inform the applicant of the full range of available MO HealthNet home- and community-based services, the choice of providers in the applicant's area and that some providers conduct their own assessments but that choosing a provider who does not will not delay delivery of services, and the option to choose more than one provider;
- (2) Prioritize the referrals received, giving the highest priority to referrals for high-risk individuals, followed by specified individuals who are alleged to be victims of abuse or neglect, and then individuals who have not selected a provider or who selected a provider that does not conduct assessments; and
- (3) Notify the referring entity and the applicant within 10 business days of receiving the referral if it has not scheduled the assessment.

If a properly completed referral for MO HealthNet-funded home- and community-based care containing a nurse assessment or physician's order for a care plan is not processed within 15 days of receipt by the department, the care plan recommendation of the provider must become effective thereafter.

The provision is repealed that allows the department to contract through an independent third-party assessor to conduct initial home- and community-based assessments.

At the time that the department approves or modifies the assessment and care plan, the latest approved care plan must become effective.

The department's auditing of service providers must include a review of client service and provider choice and communication of service provider service options to individuals seeking MO

HealthNet services. The department must make publicly available a review of its process for informing participants of options within MO HealthNet home- and community-based service provider services and information on referrals.

The department must develop an automated electronic assessment care plan tool to be used by providers and make recommendations to the General Assembly by January 1, 2013, for the implementation of the automated plan tool.

At the end of the first year of this plan being in effect, the department must prepare a report for the Appropriation Committee for Health, Mental Health and Social Services or a committee appointed by the Speaker of the House of Representatives to review how well the department is doing in meeting the 15-day requirement, the process used for approving the assessors, the cost of the program before and after the enactment of these provisions, any audit information available on assessments performed outside the department, and staffing policies implemented to meet the 15-day assessment requirement.

The substitute specifies that any home care employer required to deny employment to an applicant or discharge an employee as a result of information obtained through any portion of the background screening and employment eligibility determination process required under the Family Care Safety Registry cannot be liable in any action brought by the applicant or employee.

The employer cannot be charged for unemployment insurance benefits based on wages paid to the employee or based on an employer making payments in lieu of contributions for work prior to the date of discharge if the employer terminated the employee because the employee:

- (1) Has pled guilty to or nolo contendere or been found guilty of a crime in this state or any other state which if committed in Missouri would be a class A or B felony violation of certain specified crimes including offenses against the persons, sexual offenses, and robbery or burglary offenses;
- (2) Was placed on the employee disqualification list maintained by the Department of Health and Senior Services after the date of hire;
- (3) Was placed on the employee disqualification list maintained by the Department of Mental Health after the date of hire;
- (4) Is listed on any of the background check lists in the Family Care Safety Registry; or

(5) Has a disqualifying finding under specified provisions or was denied a good cause waiver under the employee disqualification list maintained by the Department of Health and Senior Services.

The benefits paid to the employee must not be attributable to service in the employ of the employer required to discharge an employee under these provisions and must be deemed as such under the state's unemployment compensation laws.

FISCAL NOTE: Estimated Net Cost on General Revenue Fund of \$28,010 to More than \$1,586,450 in FY 2013, \$30,454 to More than \$1,703,915 in FY 2014, and \$30,878 to More than \$1,718,631 in FY 2015. No impact on Other State Funds in FY 2013, FY 2014, and FY 2015.

PROPOSERS: Supporters say that people that are let go because they fail a background check and are denied a good cause waiver should not receive benefits.

Testifying for the bill was Senator Mayer; Leadingage Missouri; Missouri Alliance for Home Care; Missouri Council for In-home Services; and Missouri Hospital Association.

OPPOSERS: There was no opposition voiced to the committee.